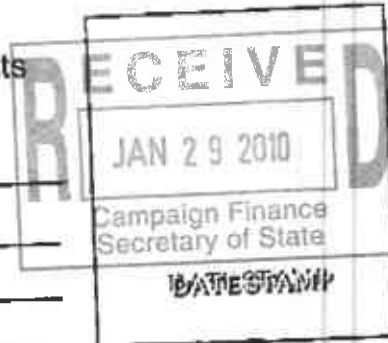


2009 ELECTION CYCLE  
SOS-MEDelbert Hosemann  
SECRETARY OF STATEPolitical Committee  
Annual Report of Receipts and Disbursements  
2009Name of Committee Committee to Elect Toby Barker State RepresentativeAddress P.O. Box 18822, Hattiesburg, MS 39404Telephone 601-271-8625

Alternate Phone \_\_\_\_\_

Email joe@donnellpa.comFax 601-271-8629

Director \_\_\_\_\_

Treasurer Joseph Donnell☐ Check here if above is different from previous report**TYPE OF REPORT**X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$6,830	+ \$2,490	\$ 19,320	\$ 19,320
Total amount of disbursements	\$	+ \$1,316	\$ 1,316	\$ 1,316
Total amount of cash on hand			\$ 20,441	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1-29-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 126, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ABRAHAM, RALPH	10 / 12 / 09	\$ 300.00
Mailing Address 101 GREENWOOD PLACE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALBERT, LARRY	10 / 12 / 09	\$ 300.00
Mailing Address 701 ADELINE STREET	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) ALBERT & ASSOCIATES	___ / ___ / ___	\$
Occupation (Required) ARCHITECT	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BRADLEY, KIM	10 / 12 / 09	\$ 300.00 (in kind)
Mailing Address 44 ALEX LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) MERCHANT	Aggregate year-to-date	\$ 300.00 (in kind)
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BRELAND, WESLEY	10 / 12 / 09	\$ 300.00
Mailing Address 104 DANBURY LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) REALTOR	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BURCKEL, DAVID	10 / 12 / 09	\$ 300.00
Mailing Address 67 DOVER TRACE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SOUTHERN DEVELOPMENT	___ / ___ / ___	\$
Occupation (Required) ADMINISTRATOR	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BRYANT, RAYMOND	10 / 12 / 09	\$ 300.00
Mailing Address 2304 SUNSET DRIVE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required) RETIRED	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CARMICHAEL, BEN	10 / 12 / 09	\$ 300.00
Mailing Address 106 COLONIAL PLACE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required) RETIRED	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CARR, MATT	10 / 12 / 09	\$ 300.00
Mailing Address 215 SOUTH 12TH AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name COLE, TIM		10 / 12 / 09	\$ 300.00
Mailing Address 1 QUAIL HOLLOW ROAD		__ / __ / __	\$
City, State, Zip Code HATTIESBURG, MS 39402		__ / __ / __	\$
Name of Employer (Required) SELF-EMPLOYED		__ / __ / __	\$
Occupation (Required) PHYSICIAN		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CONVILLE, DICK		10 / 12 / 09	\$ 300.00
Mailing Address 205 SOUTHAMPTON ROAD		__ / __ / __	\$
City, State, Zip Code HATTIESBURG, MS 39401		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required) PROFESSOR		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CROMARTIE, DEAN		10 / 12 / 09	\$ 300.00
Mailing Address 115 BEDFORD ROAD		__ / __ / __	\$
City, State, Zip Code HATTIESBURG, MS 39402		__ / __ / __	\$
Name of Employer (Required) SELF-EMPLOYED		__ / __ / __	\$
Occupation (Required) PHYSICIAN		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name DONNELL, ROBERT		10 / 12 / 09	\$ 300.00
Mailing Address 59 LONGWOOD DRIVE		__ / __ / __	\$
City, State, Zip Code HATTIESBURG, MS 39402		__ / __ / __	\$
Name of Employer (Required) VITALCARE PHARMACY		__ / __ / __	\$
Occupation (Required) PHARMACIST		Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DREWS, FRED	10 / 12 / 09	\$ 300.00
Mailing Address 2609 MIMOSA LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) DENTIST	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name FINNEGAN, CHARLIE	10 / 12 / 09	\$ 300.00
Mailing Address P.O. BOX 88	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39403	___ / ___ / ___	\$
Name of Employer (Required) FINLO CONSTRUCTION CO.	___ / ___ / ___	\$
Occupation (Required) CONTRACTOR	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name FOKAKIS, ARTHUR	10 / 12 / 09	\$ 300.00
Mailing Address 120 WILDWOOD TRACE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GALEY, GLENN	10 / 12 / 09	\$ 300.00
Mailing Address 207 SOUTHAMPTON ROAD	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SOUTH GROUP	___ / ___ / ___	\$
Occupation (Required) INSURANCE AGENT	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GOFF, LES MORGAN	10 / 12 / 09	\$ 300.00
Mailing Address 40 ST. ANDREWS CIRCLE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) EXECUTIVE	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HALE, DR. ERIC	10 / 12 / 09	\$ 300.00
Mailing Address 415 SOUTH 28TH AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HENDERSON, JIM	10 / 12 / 09	\$ 300
Mailing Address 45 HONORS LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 300
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HICKS, CLARK	10 / 12 / 09	\$ 300.00
Mailing Address 201 WILDWOOD TRACE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JACKSON, MELISSA		10 / 12 / 09	\$ 300.00
Mailing Address 102 DANBURY LANE		___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMES, GWEN		10 / 12 / 09	\$ 300.00
Mailing Address 1109 SOUTH 34TH AVENUE		___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED		___ / ___ / ___	\$
Occupation (Required) REALTOR		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JEFCOAT, BOB		10 / 12 / 09	\$ 300.00
Mailing Address 918 SOUTH 34TH AVENUE		___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC		___ / ___ / ___	\$
Occupation (Required) ADMINISTRATOR		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MALONE, KEN		10 / 12 / 09	\$ 300.00
Mailing Address 69 BIENVILLE TRACE		___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) PROFESSOR		Aggregate year-to-date	\$ 300.00



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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MCMULLAN, PAUL	10 / 12 / 09	\$ 1985.75 (in kind)
Mailing Address 2 CHEROKEE CIRCLE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) BUSINESSMAN	Aggregate year-to-date	\$ 1985.75 (in kind)
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MORRIS, TOXEY	10 / 12 / 09	\$ 300.00
Mailing Address 1101 SOUTH 34TH AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OLIVER, BILL	10 / 12 / 09	\$ 300.00
Mailing Address P.O. BOX 16878	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39404	___ / ___ / ___	\$
Name of Employer (Required) FORREST GENERAL HOSPITAL	___ / ___ / ___	\$
Occupation (Required) ADMINISTRATOR	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OTT, DAVID	10 / 12 / 09	\$ 300.00
Mailing Address 310 SOUTH 22ND AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00



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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKERReporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OWENS, GENE	10 / 12 / 09	\$ 300.00
Mailing Address 2108 HARDY STREET	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) OWENS BUSINESS MACHINES	___ / ___ / ___	\$
Occupation (Required) OWNER	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PARKMAN, CHARLIE	10 / 12 / 09	\$ 300.00 (in kind)
Mailing Address 300 SIXTH AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00 (in kind)
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name POYNTER, LOUIS	10 / 12 / 09	\$ 300.00
Mailing Address 1010 SOUTH 34TH AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RATLIFF, MIKE	10 / 12 / 09	\$ 300.00
Mailing Address P.O. BOX 17738	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39404	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RAY, BILL	10 / 12 / 09	\$ 300.00
Mailing Address 1 NORTH POINT	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required) RETIRED	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RHODES, BOB	10 / 12 / 09	\$ 300.00
Mailing Address 104 REDBUD LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ROBERTS, DOC	10 / 12 / 09	\$ 300.00
Mailing Address 1612 ADELINE STREET	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) SELF-EMPLOYED	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SALIBA, KIT	10 / 12 / 09	\$ 300.00
Mailing Address 101 HEATHERWOOD DRIVE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SIMMONS, JACK	10 / 12 / 09	\$ 300.00
Mailing Address 1001 HARDY STREET	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) SIMMONS FURNITURE COMPANY	___ / ___ / ___	\$
Occupation (Required) BUSINESS OWNER	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SMITH, CURTIS	10 / 12 / 09	\$ 300.00
Mailing Address 104 BEVERLY LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TANNER, HOYT	___ / ___ / ___	\$ 344.00 (in kind)
Mailing Address 510 WALNUT STREET	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 344.00 (in kind)
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WAITES, THAD	10 / 12 / 09	\$ 300.00
Mailing Address 1017 RICHBURG ROAD	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WARE, DAVE	10 / 12 / 09	\$ 300.00
Mailing Address 402 REBECCA AVENUE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39401	___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC	___ / ___ / ___	\$
Occupation (Required) NURSE ANESTHETIST	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WARREN, LAWRENCE A	10 / 12 / 09	\$ 500.00
Mailing Address P.O. BOX 572	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39403	___ / ___ / ___	\$
Name of Employer (Required) SELF-EMPLOYED	___ / ___ / ___	\$
Occupation (Required) BUSINESS OWNER	Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HUGHES, PATRICIA L.	10 / 12 / 09	\$ 250.00
Mailing Address 1 LAKE HILL	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED	___ / ___ / ___	\$
Occupation (Required) RETIRED	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GAMMILL, STEWART	10 / 12 / 09	\$ 250.00
Mailing Address 1 CHEROKEE CIRCLE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER  
 Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WARREN PAVING	10 / 12 / 09	\$ 1000.00
Mailing Address P.O. BOX 572	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39403	___ / ___ / ___	\$
Name of Employer (Required) Occupation (Required)	___ / ___ / ___	\$
	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OWEN, DR. DAVID	10 / 12 / 09	\$ 250.00
Mailing Address 604 WOODBINE LANE	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) RETIRED PHYSICIAN	___ / ___ / ___	\$
Occupation (Required) RETIRED PHYSICIAN	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HELVESTON, WENDELL	10 / 12 / 09	\$ 250.00
Mailing Address 112 WATERFORD	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BRAHAN, DR. JOHN	10 / 12 / 09	\$ 300.00
Mailing Address 21 SALBEKA CROSSING	___ / ___ / ___	\$
City, State, Zip Code HATTIESBURG, MS 39402	___ / ___ / ___	\$
Name of Employer (Required) HATTIESBURG CLINIC	___ / ___ / ___	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00